

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Jerry Carl for Congress

ADDRESS (number and street)

PO Box 852138



Check if different than previously reported. (ACC)

Mobile

AL

36685

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00697789

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

STATE ▼ DISTRICT

AL

01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y
03 / 03 / 2020

in the State of

AL

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y
01 / 01 / 2020

through

M M / D D / Y Y Y Y
02 / 12 / 2020

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Frenkel, Ceresa, M, ,

Type or Print Name of Treasurer

Signature of Treasurer

Frenkel, Ceresa, M, ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y
02 / 20 / 2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office
Use
Only**FEC FORM 3**
(Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 2 / 42

Write or Type Committee Name
Jerry Carl for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	2	0

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	2		2	0	2	0

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	30531.00	539740.10
(b) Total Contribution Refunds (from Line 20(d))	400.00	400.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	30131.00	539340.10
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	456362.59	727619.52
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	456362.59	727619.52
8. Cash on Hand at Close of Reporting Period (from Line 27).....	266720.58	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	455000.00	

For further information contact:

Federal Election Commission
 999 E Street, NW
 Washington, DC 20463

Toll Free 800-424-9530
 Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

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FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Jerry Carl for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	2	0

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	2		2	0	2	0

I. RECEIPTS**COLUMN A**
Total This Period**COLUMN B**
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

(i) Itemized (use Schedule A).....

26810.00

511794.00

(ii) Unitemized.....

1221.00

15090.60

(iii) TOTAL of contributions
from individuals ▶

28031.00

526884.60

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs).....

2500.00

11200.00

(d) The Candidate.....

0.00

1655.50

(e) TOTAL CONTRIBUTIONS
(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))..

30531.00

539740.10

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the
Candidate.....

0.00

455000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS
(add Lines 13(a) and (b)).....

0.00

455000.00

14. OFFSETS TO OPERATING
EXPENDITURES
(Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS
(Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines
11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4)..... ▶

30531.00

994740.10

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 42

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	456362.59	727619.52
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	400.00	400.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	400.00	400.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	456762.59	728019.52

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	692952.17
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	30531.00
25. SUBTOTAL (add Line 23 and Line 24).....	723483.17
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	456762.59
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	266720.58

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 5 OF 42

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Jerry Carl for Congress

A. Full Name (Last, First, Middle Initial)
BAIRD, SHELIA, , ,
Mailing Address 1701 MARILYN DRIVE

City State Zip Code
CARUTHERSVILLE MO 63830-2351

FEC ID number of contributing
federal political committee.

C

Name of Employer
ECM HOME HEALTH

Occupation
OWNER

Receipt For: 2020

☐ Primary ☐ General
☒ Other (specify) ▼

RUNOFF

Election Cycle-to-Date ▼

3710.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 31 2020

Transaction ID : SA11A.800

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
BOATMAN, BERTHA, , ,
Mailing Address 10375 KEARNS RD

City State Zip Code
THEODORE AL 36582-7471

FEC ID number of contributing
federal political committee.

C

Name of Employer
AMBER CONSULTING

Occupation
PARTNER

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 27 2020

Transaction ID : SA11A.725

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
BOATMAN, E L, , ,
Mailing Address 10375 KEARNS RD

City State Zip Code
THEODORE AL 36582-7471

FEC ID number of contributing
federal political committee.

C

Name of Employer
SAK

Occupation
VP OF GOV RELATIONS

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 27 2020

Transaction ID : SA11A.729

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶

510.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Jerry Carl for Congress

A. Full Name (Last, First, Middle Initial)
BOGLE, JOHN, , JR.

Mailing Address 2115 BROWN DR

City CHUNCHULA	State AL	Zip Code 36521-3237
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation RETIRED
-------------------------	-----------------------

Receipt For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 17 / 2020

Transaction ID : SA11A.720

Amount of Each Receipt this Period

1250.00

☐ Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
BOGLE, SHARON, ,

Mailing Address 2115 BROWN DR

City CHUNCHULA	State AL	Zip Code 36521-3237
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation RETIRED
-------------------------	-----------------------

Receipt For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 17 / 2020

Transaction ID : SA11A.716

Amount of Each Receipt this Period

1250.00

☐ Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
BREHM, WILLIAM, ,

Mailing Address 11799 DAUPHIN ISLAND PKWY

City THEODORE	State AL	Zip Code 36582-7625
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer PELICAN REEF RESTAURANT	Occupation PRESIDENT
---	-------------------------

Receipt For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 03 / 2020

Transaction ID : SA11A.801

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

3000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
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NAME OF COMMITTEE (In Full)
Jerry Carl for Congress

A. Full Name (Last, First, Middle Initial)
CAMERON, ALLAN, R., , JR.

Mailing Address 255 LEVERT ST

City
MOBILE

State
AL

Zip Code
36607-2222

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAI MOBILE

Occupation
REAL ESTATE

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 06 2020

Transaction ID : SA11A.784

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CARL, TINA, , ,

Mailing Address 12451 AIRPORT BOULEVARD

City
MOBILE

State
AL

Zip Code
36608-8723

FEC ID number of contributing
federal political committee.

C

Name of Employer
ECM HOME HEALTH SERVICES, INC.

Occupation
CEO

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 09 2020

Transaction ID : SA11A.756

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DEMPSEY, TREY, , ,

Mailing Address P.O. BOX 16167

City
MOBILE

State
AL

Zip Code
36616-0167

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
OWNER

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 30 2020

Transaction ID : SA11A.736

Amount of Each Receipt this Period

2500.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶

3100.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)
Jerry Carl for Congress

A. Full Name (Last, First, Middle Initial)
DENNIS, DANIEL, , ,

Mailing Address 3601 SPRINGHILL BUSINESS PARK
SUITE 101

City MOBILE	State AL	Zip Code 36608-1263
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer ROBERTS BROTHERS	Occupation CEO
--------------------------------------	-------------------

Receipt For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 17 2020

Transaction ID : SA11A.723

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DENNIS, MARIBETH, , ,

Mailing Address 3601 SPRINGHILL BUSINESS PARK
SUITE 101

City MOBILE	State AL	Zip Code 36608-1263
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation HOMEMAKER
-------------------------	-------------------------

Receipt For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 17 2020

Transaction ID : SA11A.722

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DRUHAN, J MICHAEL, , ,

Mailing Address 104 CLARIDGE RD E

City MOBILE	State AL	Zip Code 36608-1709
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer DRUHAN & TYLER	Occupation ATTORNEY
------------------------------------	------------------------

Receipt For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 10 2020

Transaction ID : SA11A.803

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

1500.00

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Jerry Carl for Congress

A. Full Name (Last, First, Middle Initial)
ESFELLER, MICHAEL, , ,

Mailing Address 7140 HWY 188
P.O.BOX 114

City CODEN	State AL	Zip Code 36523-3208
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer ESFELLER CONTRACTORS	Occupation PRESIDENT
--	-------------------------

Receipt For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 04 / 2020

Transaction ID : SA11A.776

Amount of Each Receipt this Period

2000.00

☐ Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JACKSON, SIDNEY, , , III

Mailing Address P.O. BOX 2225

City MOBILE	State AL	Zip Code 36652-2225
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED	Occupation ATTORNEY
-----------------------------------	------------------------

Receipt For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 30 / 2020

Transaction ID : SA11A.734

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JEMISON, DEBRA, , ,

Mailing Address P.O. BOX 907

City DAUPHIN ISLAND	State AL	Zip Code 36528-0907
------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer NA	Occupation HOMEMAKER
------------------------	-------------------------

Receipt For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 11 / 2020

Transaction ID : SA11A.806

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION
SUBTOTAL of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

2750.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 42

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Jerry Carl for Congress

A. Full Name (Last, First, Middle Initial)
JEMISON, HARRY, E., ,

Mailing Address P.O. BOX 907

City State Zip Code
DAUPHIN ISLAND AL 36528-

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED OWNER

Receipt For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 11 2020

Transaction ID : SA11A.809

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
KIDD, ROLAND, , ,

Mailing Address 11606 COUNTY RD 54

City State Zip Code
DAPHNE AL 36526-8408

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 17 2020

Transaction ID : SA11A.719

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
KIDD, ROLAND, , ,

Mailing Address 11606 COUNTY RD 54

City State Zip Code
DAPHNE AL 36526-8408

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 11 2020

Transaction ID : SA11A.807

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

700.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 42

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Jerry Carl for Congress

A. Full Name (Last, First, Middle Initial)
LEDYARD, GOODMAN, G., ,
Mailing Address P.O. BOX 161389

City MOBILE	State AL	Zip Code 36616-2389
----------------	-------------	------------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer
PIERCE LEDYARD ATTORNEYOccupation
PRESIDENT
 Receipt For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

 Election Cycle-to-Date ▼
 1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		11		2020

Transaction ID : SA11A.808

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MCALEER, PAT, , ,
Mailing Address 10 MIDTOWN PARK W

City MOBILE	State AL	Zip Code 36606-4148
----------------	-------------	------------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer
MCALEER FURNITUREOccupation
PRESIDENT
 Receipt For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

 Election Cycle-to-Date ▼
 1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		04		2020

Transaction ID : SA11A.777

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MIDDLETON, JILL, S., ,
Mailing Address 1087 SOUTHERN WAY

City MOBILE	State AL	Zip Code 36609-3055
----------------	-------------	------------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAOccupation
HOMEMAKER
 Receipt For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

 Election Cycle-to-Date ▼
 250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		06		2020

Transaction ID : SA11A.783

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION
SUBTOTAL of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

1750.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 42

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Jerry Carl for Congress

A. Full Name (Last, First, Middle Initial)
MIDDLETON, ROB, , ,
Mailing Address 1087 SOUTHERN WAY COURT

City State Zip Code
MOBILE AL 36609-

FEC ID number of contributing
federal political committee.

C

Name of Employer
RM CONSTRUCTION

Occupation
OWNER

Receipt For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y
02 06 2020

Transaction ID : SA11A.829

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MISHKIN, ROBIN, , ,
Mailing Address P.O.BOX 161669

City State Zip Code
MOBILE AL 36616-2669

FEC ID number of contributing
federal political committee.

C

Name of Employer
NA

Occupation
HOMEMAKER

Receipt For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
02 06 2020

Transaction ID : SA11A.785

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MORAVEC, GREGG, , ,
Mailing Address P.O. BOX 347

City State Zip Code
ST. ELMO AL 36568-0347

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
FARMER

Receipt For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
800.00

Date of Receipt

M M / D D / Y Y Y Y
02 04 2020

Transaction ID : SA11A.778

Amount of Each Receipt this Period

300.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1550.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 OF 42

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Jerry Carl for Congress

A. Full Name (Last, First, Middle Initial)
MOTLOW, JULIA, O., ,

Mailing Address 6833 BAY RD

City MOBILE	State AL	Zip Code 36605-9643
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation SELF EMPLOYED
-------------------------	-----------------------------

Receipt For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 17 / 2020

Transaction ID : SA11A.717

Amount of Each Receipt this Period

500.00

☐ Memo Item
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
PARKES, WILLIAM, , ,

Mailing Address 287 JACKSON BLVD

City MOBILE	State AL	Zip Code 36609-2456
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SPEAKS & ASSOC	Occupation PRESIDENT
------------------------------------	-------------------------

Receipt For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 28 / 2020

Transaction ID : SA11A.768

Amount of Each Receipt this Period

1200.00

☐ Memo Item
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
PATEL, SHARMILA, , ,

Mailing Address 9533 BRIDGETON CT

City MOBILE	State AL	Zip Code 36695-7417
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer CONVIENCE STORE	Occupation PRESIDENT
-------------------------------------	-------------------------

Receipt For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 04 / 2020

Transaction ID : SA11A.775

Amount of Each Receipt this Period

2000.00

☐ Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

3700.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 OF 42

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Jerry Carl for Congress

A. Full Name (Last, First, Middle Initial)
PEEBLES, JOHN, D., ,

Mailing Address P.O. BOX 1187

City MOBILE	State AL	Zip Code 36633-1187
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer NAI MOBILE	Occupation REAL ESTATE
--------------------------------	---------------------------

Receipt For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 04 2020

Transaction ID : SA11A.770

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
RIEHM, PETER, , ,

Mailing Address 3904 CAMELLIA DRIVE

City MOBILE	State AL	Zip Code 36693-2814
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer NAI MOBILE	Occupation REAL ESTATE
--------------------------------	---------------------------

Receipt For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 04 2020

Transaction ID : SA11A.792

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ROBINSON, LYNN, , ,

Mailing Address 1702 CHASE DR

City SARALAND	State AL	Zip Code 36571-9222
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 27 2020

Transaction ID : SA11A.727

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

2000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 OF 42

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Jerry Carl for Congress

A. Full Name (Last, First, Middle Initial)
ROBINSON, O'NEIL, , ,
Mailing Address 1702 CHASE DR

City
SARALAND

State
AL

Zip Code
36571-9222

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 27 2020

Transaction ID : SA11A.730

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
SIDDIQ, MAMUN, , ,
Mailing Address 8790 GOLDMINE RD N

City
MOBILE

State
AL

Zip Code
36619-9012

FEC ID number of contributing
federal political committee.

C

Name of Employer
REMAX

Occupation
REALTOR

Receipt For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

8400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 06 2020

Transaction ID : SA11A.781

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

SEE REDESIGNATION

C. Full Name (Last, First, Middle Initial)
SIDDIQ, MAMUN, , ,
Mailing Address 8790 GOLDMINE RD N

City
MOBILE

State
AL

Zip Code
36619-9012

FEC ID number of contributing
federal political committee.

C

Name of Employer
REMAX

Occupation
REALTOR

Receipt For: 2020
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

8400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 06 2020

Transaction ID : SA11A.802

Amount of Each Receipt this Period

1000.00

☒ Memo Item
CONTRIBUTION

REDESIGNATION FROM PRIMARY; REFUNDED
\$400.00 ON 02/06/2020

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

2000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 16 OF 42

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Jerry Carl for Congress

A. Full Name (Last, First, Middle Initial)
SIDDIQ, MAMUN, , ,

Mailing Address 8790 GOLDMINE RD N

City MOBILE	State AL	Zip Code 36619-9012
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer REMAX	Occupation REALTOR
---------------------------	-----------------------

Receipt For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
8400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 06 / 2020

Transaction ID : SA11A.802B

Amount of Each Receipt this Period

– 1000.00

☒ Memo Item
CONTRIBUTION

REDESIGNATION TO GENERAL

B. Full Name (Last, First, Middle Initial)
STEVENS, WILL, , ,

Mailing Address P.O. BOX 16167

City MOBILE	State AL	Zip Code 36616-0167
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED	Occupation OWNER
-----------------------------------	---------------------

Receipt For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 30 / 2020

Transaction ID : SA11A.737

Amount of Each Receipt this Period

2500.00

☐ Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
THOMAS, PRATT, , ,

Mailing Address 3280 DAUPHIN ST
SUITE C104

City MOBILE	State AL	Zip Code 36606-4050
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED	Occupation OWNER
-----------------------------------	---------------------

Receipt For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 31 / 2020

Transaction ID : SA11A.790

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

2750.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 OF 42

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Jerry Carl for Congress

A. Full Name (Last, First, Middle Initial)
WALLACE, CELIA, , ,

Mailing Address 3632 DAUPHIN ST STE 101B

City MOBILE	State AL	Zip Code 36608-1246
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED	Occupation OWNER
-----------------------------------	---------------------

Receipt For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 06 / 2020

Transaction ID : SA11A.789

Amount of Each Receipt this Period

500.00

☐ Memo Item
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
WALLACE, GERALD , , , JR.

Mailing Address 3632 DAUPHIN ST STE 101B

City MOBILE	State AL	Zip Code 36608-1246
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED	Occupation OWNER
-----------------------------------	---------------------

Receipt For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 06 / 2020

Transaction ID : SA11A.787

Amount of Each Receipt this Period

500.00

☐ Memo Item
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
WHITE, JAMES, W., ,

Mailing Address 8790 THREE NOTCH RD

City MOBILE	State AL	Zip Code 36619-5008
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 17 / 2020

Transaction ID : SA11A.718

Amount of Each Receipt this Period

500.00

☐ Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1500.00
 26810.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 42

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
12	13a	13b	14
			15

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NAME OF COMMITTEE (In Full)
Jerry Carl for Congress

A. Full Name (Last, First, Middle Initial)
ALABAMA POWER CO EMPLOYEES FEDERAL POLITICAL ACTION CMTE (AP

Mailing Address 600 NORTH 18TH STREET
PO BOX 2641

City BIRMINGHAM	State AL	Zip Code 35203-2206
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00077305

Name of Employer Occupation

Receipt For: 2020

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		11		2020

Transaction ID : SA11C.804

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

2500.00
2500.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 42

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Jerry Carl for Congress

Full Name (Last, First, Middle Initial)

A. DORSETT, ANDREW, R, ,Mailing Address 130 DU RHU DRIVE
APT KCity
MOBILEState
ALZip Code
36608Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		30		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

90.10

Transaction ID : SB17.I204

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DORSETT, ANDREW, R, ,Mailing Address 130 DU RHU DRIVE
APT KCity
MOBILEState
ALZip Code
36608Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		31		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

1630.94

Transaction ID : SB17.I216

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. KAISER, ANTHONY, P, ,

Mailing Address 160161 SAPPHIRE LN

City
FOLEYState
ALZip Code
36535Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		31		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

1199.28

Transaction ID : SB17.I215

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2920.32

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 42

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Jerry Carl for Congress

Full Name (Last, First, Middle Initial)

A. KIDD, MARK, J, ,

Mailing Address 661 MERRITT DRIVE N

City
MOBILEState
ALZip Code
36609Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	1		2	0	2	0

FEC Identification Number

C

Amount of Each Disbursement this Period

1395.81

Transaction ID : SB17.I208

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WEIDLICH, ZACH, , ,

Mailing Address 763 GRAND BOULEVARD

City
CHICKASAWState
ALZip Code
36611Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	0		2	0	2	0

FEC Identification Number

C

Amount of Each Disbursement this Period

433.32

Transaction ID : SB17.I203

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WEIDLICH, ZACH, , ,

Mailing Address 763 GRAND BOULEVARD

City
CHICKASAWState
ALZip Code
36611Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	2	0

FEC Identification Number

C

Amount of Each Disbursement this Period

2423.17

Transaction ID : SB17.I214

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

4252.30

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 42

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Jerry Carl for Congress

Full Name (Last, First, Middle Initial)

A. ALABAMA DEPARTMENT OF LABOR

Date of Disbursement

M M	D D	Y Y Y Y
01	22	2020

Mailing Address 649 MONROE ST

City
MONTGOMERYState
ALZip Code
36131Purpose of Disbursement
PAYROLL TAXES

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

531.28

Transaction ID : SB17.I197

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ALABAMA DEPARTMENT OF REVENUE

Date of Disbursement

M M	D D	Y Y Y Y
01	24	2020

Mailing Address PO BOX 327489

City
MONTGOMERYState
ALZip Code
36132-7489Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

777.89

Transaction ID : SB17.I200

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOT

Date of Disbursement

M M	D D	Y Y Y Y
02	12	2020

Mailing Address 1920 MCKINNEY AVE
7TH FLOORCity
DALLASState
TXZip Code
75201Purpose of Disbursement
BANK FEE

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

113.40

Transaction ID : SB17.I238

☐ Memo Item CREDIT CARD DISCOUNTS**SUBTOTAL** of Disbursements This Page (optional).....▶

1422.57

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 42

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Jerry Carl for Congress

Full Name (Last, First, Middle Initial)

A. BETBEZE REALTY CO., INC.

Mailing Address 3345 HALLS MILL ROAD

City
MOBILEState
ALZip Code
36606Purpose of Disbursement
RENT

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
01	01	2020

FEC Identification Number

C

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.I189

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BETBEZE REALTY CO., INC.

Mailing Address 3345 HALLS MILL ROAD

City
MOBILEState
ALZip Code
36606Purpose of Disbursement
RENTCategory/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
02	01	2020

FEC Identification Number

C

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.I205

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL ROAD

City
VIENNAState
VAZip Code
22182Purpose of Disbursement
COMPUTER SUPPORTCategory/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
01	10	2020

FEC Identification Number

C

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.I190

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3000.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 23 OF 42

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Jerry Carl for Congress

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL ROAD

City
VIENNAState
VAZip Code
22182Purpose of Disbursement
DATA PROCESSING SERVICES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		11		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.I240

☐ Memo Item**B. EBW DEVELOPMENT**

Mailing Address 3260 BANKHEAD AVENUE

City
MONTGOMERYState
ALZip Code
36106Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		17		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

5817.51

Transaction ID : SB17.I191

☐ Memo Item**C. EBW DEVELOPMENT**

Mailing Address 3260 BANKHEAD AVENUE

City
MONTGOMERYState
ALZip Code
36106Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		10		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB17.I207

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

11817.51

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 24 OF 42

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Jerry Carl for Congress

Full Name (Last, First, Middle Initial)

A. HANCOCK WHITNEY BANK

Mailing Address PO BOX 23070

City
COLUMBUSState
GAZip Code
31902Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	7		2	0	2	0

FEC Identification Number

C

Amount of Each Disbursement this Period

1002.87

Transaction ID : SB17.I217

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ALABAMA POWER

Mailing Address PO BOX 242

City
BIRMINGHAMState
ALZip Code
35292Purpose of Disbursement
UTILITIES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	7		2	0	2	0

FEC Identification Number

C

Amount of Each Disbursement this Period

115.71

Transaction ID : SB17.I222

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. COMCAST

Mailing Address 1225 SATCHEL PAIGE DR

City
MOBILEState
ALZip Code
36606Purpose of Disbursement
UTILITIES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	7		2	0	2	0

FEC Identification Number

C

Amount of Each Disbursement this Period

146.90

Transaction ID : SB17.I218

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1002.87

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 42

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Jerry Carl for Congress

Full Name (Last, First, Middle Initial)

A. OFF THE HOOK GRILL

Mailing Address 621 US-43

City
CHICKASAWState
ALZip Code
36611Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	7		2	0	2	0

FEC Identification Number

C

Amount of Each Disbursement this Period

106.41

Transaction ID : SB17.I221

☒ Memo Item**B. SPIRE**Mailing Address 2828 DAUPHIN ST
#2457City
MOBILEState
ALZip Code
36606Purpose of Disbursement
UTILITIES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	7		2	0	2	0

FEC Identification Number

C

Amount of Each Disbursement this Period

425.00

Transaction ID : SB17.I223

☒ Memo Item**C. TOOMEYS MARDI GRAS**

Mailing Address 755 MCRAE AVE

City
MOBILEState
ALZip Code
36606Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	7		2	0	2	0

FEC Identification Number

C

Amount of Each Disbursement this Period

105.55

Transaction ID : SB17.I219

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 OF 42

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Jerry Carl for Congress

Full Name (Last, First, Middle Initial)

A. TOOMEYS MARDI GRAS

Mailing Address 755 MCRAE AVE

City
MOBILEState
ALZip Code
36606Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	7	/	2	0	2	0

FEC Identification Number

C

Amount of Each Disbursement this Period

103.30

Transaction ID : SB17.I220

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. HANCOCK WHITNEY BANK

Mailing Address PO BOX 23070

City
COLUMBUSState
GAZip Code
31902Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	0	/	2	0	2	0

FEC Identification Number

C

Amount of Each Disbursement this Period

694.98

Transaction ID : SB17.I224

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. AJ'S FAMILY RESTAURANT

Mailing Address 214 AL 21

City
MONROEVILLEState
ALZip Code
36460Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	7	/	2	0	2	0

FEC Identification Number

C

Amount of Each Disbursement this Period

14.60

Transaction ID : SB17.I228

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

694.98

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 OF 42

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Jerry Carl for Congress

Full Name (Last, First, Middle Initial)

A. ALABAMA POWER

Mailing Address PO BOX 242

City
BIRMINGHAMState
ALZip Code
35292Purpose of Disbursement
UTILITIES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		17		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

80.91

Transaction ID : SB17.I233

☒ Memo Item**B. COMCAST**

Mailing Address 1225 SATCHEL PAIGE DR

City
MOBILEState
ALZip Code
36606Purpose of Disbursement
UTILITIES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		06		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

158.40

Transaction ID : SB17.I227

☒ Memo Item**C. DS SERVICES**

Mailing Address 4181 ALDEN DR

City
MOBILEState
ALZip Code
36693Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		14		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

42.21

Transaction ID : SB17.I230

☒ Memo Item WATER AND COFFEE**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 OF 42

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Jerry Carl for Congress

Full Name (Last, First, Middle Initial)

A. FEDEX OFFICEMailing Address 3691 AIRPORT BLVD
SUITE CCity
MOBILEState
ALZip Code
36608Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		06		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

4.85

Transaction ID : SB17.I226

☒ Memo Item**B. GOOGLE**

Mailing Address 1600 AMPHITHEATRE PKWY

City
MOUNTAIN VIEWState
CAZip Code
94043Purpose of Disbursement
UTILITIES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		03		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

120.00

Transaction ID : SB17.I225

☒ Memo Item**C. MEAT BOSS**

Mailing Address 5401 COTTAGE HILL RD

City
MOBILEState
ALZip Code
36609Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		15		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

22.55

Transaction ID : SB17.I231

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 OF 42

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Jerry Carl for Congress

Full Name (Last, First, Middle Initial)

A. MEAT BOSS

Mailing Address 5401 COTTAGE HILL RD

City
MOBILEState
ALZip Code
36609Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	5		2	0	2	0

FEC Identification Number

C

Amount of Each Disbursement this Period

53.63

Transaction ID : SB17.I232

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. MOBILE AREA CHAMBER OF COMMERCE

Mailing Address 451 GOVERNMENT ST

City
MOBILEState
ALZip Code
36602Purpose of Disbursement
SUBSCRIPTIONS

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	0		2	0	2	0

FEC Identification Number

C

Amount of Each Disbursement this Period

35.00

Transaction ID : SB17.I235

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. OFFICE DEPOT

Mailing Address 3930A AIRPORT BLVD

City
MOBILEState
ALZip Code
36608Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	3		2	0	2	0

FEC Identification Number

C

Amount of Each Disbursement this Period

19.66

Transaction ID : SB17.I229

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 42

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Jerry Carl for Congress

Full Name (Last, First, Middle Initial)

A. SPIREMailing Address 2828 DAUPHIN ST
#2457City
MOBILEState
ALZip Code
36606Purpose of Disbursement
UTILITIES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		24		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

79.08

Transaction ID : SB17.I237

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. WALMART

Mailing Address 101 EAST I65 SERVICE RD S

City
MOBILEState
ALZip Code
36606Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		20		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

26.16

Transaction ID : SB17.I234

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. WALMART

Mailing Address 101 EAST I65 SERVICE RD S

City
MOBILEState
ALZip Code
36606Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		20		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

37.93

Transaction ID : SB17.I236

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 31 OF 42

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Jerry Carl for Congress

Full Name (Last, First, Middle Initial)

A. I360, LLC

Mailing Address 29374 NETWORK PLACE

City
CHICAGOState
ILZip Code
60673Purpose of Disbursement
UTILITIES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		30		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

1231.80

Transaction ID : SB17.I202

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. INTUIT, INC.

Mailing Address 2700 COAST AVE

City
MOUNTAIN VIEWState
CAZip Code
94043Purpose of Disbursement
PAYROLL SVC

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		31		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

5.25

Transaction ID : SB17.I213

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LAKESIDE COMMUNICATIONS

Mailing Address 90 HALLIGAN AVE

City
WORTHINGTONState
OHZip Code
43085Purpose of Disbursement
MEDIA

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		17		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

200825.00

Transaction ID : SB17.I194

☐ Memo Item TV AD

SUBTOTAL of Disbursements This Page (optional).....▶

202062.05

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 42

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Jerry Carl for Congress

Full Name (Last, First, Middle Initial)

A. LAKESIDE COMMUNICATIONS

Mailing Address 90 HALLIGAN AVE

City
WORTHINGTONState
OHZip Code
43085Purpose of Disbursement
MEDIA

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	9	/	2	0	2	0

FEC Identification Number

C

Amount of Each Disbursement this Period

158410.00

Transaction ID : SB17.I201

☐ Memo Item AD BUY
B. NAMAN'S CATERING

Mailing Address P.O. BOX 50177

City
MOBILEState
ALZip Code
36605Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	1	/	2	0	2	0

FEC Identification Number

C

Amount of Each Disbursement this Period

765.60

Transaction ID : SB17.I210

☐ Memo Item
C. PUBLIC OPINION STRATEGIES, LLC

Mailing Address 214 NORTH FAYETTE ST

City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	1	/	2	0	2	0

FEC Identification Number

C

Amount of Each Disbursement this Period

14000.00

Transaction ID : SB17.I209

☐ Memo Item SURVEY
SUBTOTAL of Disbursements This Page (optional).....▶

173175.60

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 33 OF 42

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Jerry Carl for Congress

Full Name (Last, First, Middle Initial)

A. STRATEGIC IMPACTMailing Address 333 WEST VINE STREET
SUITE 300City
LEXINGTONState
KYZip Code
40507Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	7	/	2	0	2	0

FEC Identification Number

C

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB17.I192

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. STRATEGIC IMPACTMailing Address 333 WEST VINE STREET
SUITE 300City
LEXINGTONState
KYZip Code
40507Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	0	/	2	0	2	0

FEC Identification Number

C

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB17.I206

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. THE PROSPER GROUPMailing Address 150 WEST MARKET ST.
SUITE 500City
INDIANAPOLISState
INZip Code
46204Purpose of Disbursement
WEBSITE SETUP

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	7	/	2	0	2	0

FEC Identification Number

C

Amount of Each Disbursement this Period

233.54

Transaction ID : SB17.I193

☐ Memo Item EMAIL PLATFORM**SUBTOTAL** of Disbursements This Page (optional).....▶

5233.54

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 34 OF 42

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Jerry Carl for Congress

Full Name (Last, First, Middle Initial)

A. THE PROSPER GROUPMailing Address 150 WEST MARKET ST.
SUITE 500City
INDIANAPOLISState
INZip Code
46204Purpose of Disbursement
WEB SERVICE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	2	0

FEC Identification Number

C

Amount of Each Disbursement this Period

46013.17

Transaction ID : SB17.I198

☐ Memo Item ONLINE ADVERTISING**B. THE PROSPER GROUP**Mailing Address 150 WEST MARKET ST.
SUITE 500City
INDIANAPOLISState
INZip Code
46204Purpose of Disbursement
WEBSITE SETUP

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	2	0

FEC Identification Number

C

Amount of Each Disbursement this Period

160.17

Transaction ID : SB17.I199

☐ Memo Item EMAIL PLATFORM**C. THE PROSPER GROUP**Mailing Address 150 WEST MARKET ST.
SUITE 500City
INDIANAPOLISState
INZip Code
46204Purpose of Disbursement
WEBSITE SETUP

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	2		2	0	2	0

FEC Identification Number

C

Amount of Each Disbursement this Period

602.25

Transaction ID : SB17.I212

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

46775.59

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 35 OF 42

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Jerry Carl for Congress

Full Name (Last, First, Middle Initial)

A. UNITED STATES TREASURY

Mailing Address DEPARTMENT OF TREASURY

City
OGDENState
UTZip Code
84201-0005Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		22		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

3518.74

Transaction ID : SB17.I195

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. UNITED STATES TREASURY

Mailing Address DEPARTMENT OF TREASURY

City
OGDENState
UTZip Code
84201-0005Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		22		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

112.06

Transaction ID : SB17.I196

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. US POSTAL SERVICEMailing Address 6157 AIRPORT BLVD
STE 310City
MOBILEState
ALZip Code
36608-3176Purpose of Disbursement
RENT

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		11		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

254.00

Transaction ID : SB17.I211

☐ Memo Item PO BOX RENTAL**SUBTOTAL** of Disbursements This Page (optional).....▶

3884.80

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 36 OF 42

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Jerry Carl for Congress

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES, LLCMailing Address 1776 WILSON BLVD
SUTIE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		12		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

120.46

Transaction ID : SB17.I239

☐ Memo Item CREDIT CARD DISCOUNT

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item
SUBTOTAL of Disbursements This Page (optional).....▶

120.46

TOTAL This Period (last page this line number only).....▶

456362.59

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 37 OF 42

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Jerry Carl for Congress

Full Name (Last, First, Middle Initial)

A. SIDDIQ, MAMUN, , ,

Mailing Address 8790 GOLDMINE RD N

City
MOBILEState
ALZip Code
36619-9012Purpose of Disbursement
REFUND

010

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		06		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

400.00

Transaction ID : SB20A.I241

☐ Memo Item OVERLIMIT REFUND

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

400.00

TOTAL This Period (last page this line number only).....▶

400.00

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 38 OF 42

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Jerry Carl for Congress

Transaction ID : 10

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Carl, Jerry, Lee, , Jr

Election: 2020

☒ Primary Bank Loan☐ General☐ Other (specify) ▼Mailing Address
PO Box 852138

City

State

ZIP Code

Mobile

AL

36685

☐ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

200000.00

0.00

200000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 03 M

D 29 D

Y 2019 Y

M M

D D

Y None Y

5.75

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

200000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 39 OF 42

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Jerry Carl for Congress

Transaction ID : L1006

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Carl, Jerry, Lee, , Jr

Election: 2020

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
PO Box 852138

City

State

ZIP Code

Mobile

AL

36685

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

105000.00

0.00

105000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 06 M

D 28 D

Y 2019 Y

M M

D D

Y None Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

105000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 40 OF 42

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Jerry Carl for Congress

Transaction ID : L1006_B

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Carl, Jerry, Lee, , Jr

Election: 2020

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
PO Box 852138

City

State

ZIP Code

Mobile

AL

36685

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

100000.00

0.00

100000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 09 M

D 30 D

Y 2019 Y

M M

D D

Y None Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

100000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 41 OF 42

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Jerry Carl for Congress

Transaction ID : L1006_B_B

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Carl, Jerry, Lee, , Jr

Election: 2020

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
PO Box 852138

City

State

ZIP Code

Mobile

AL

36685

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

50000.00

0.00

50000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 09 M

D 30 D

Y 2019 Y

M M

D D

Y None Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

50000.00

TOTALS This Period (last page in this line only).....▶

455000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C-1 (FEC Form 3) **LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Supplementary for
Information found on
Page ____ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) Jerry Carl for Congress			Transaction ID : 11			FEC IDENTIFICATION NUMBER C C00697789					
LENDING INSTITUTION (LENDER) Full Name Hancock Whitney				Amount of Loan <div style="border: 1px solid black; padding: 2px; text-align: right;">200000.00</div>				Interest Rate (APR) <div style="border: 1px solid black; padding: 2px; text-align: right;">5.75 %</div>			
Mailing Address 25 N Beltline Highway				Date Incurred or Established MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; text-align: right;">03 / 29 / 2019</div>				Date Due MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; text-align: right;">10 / 02 / 2020</div>			
City		State		Zip Code		Back Ref 10					
Mobile		AL		36608-9999							
A. Has loan been restructured? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred <div style="border: 1px solid black; padding: 2px; text-align: right;">11 / 19 / 2018</div>											
B. If line of credit, Amount of this Draw: <div style="border: 1px solid black; padding: 2px; text-align: right;">200000.00</div> Total Outstanding Balance: <div style="border: 1px solid black; padding: 2px; text-align: right;">200000.00</div>											
C. Are other parties secondarily liable for the debt incurred? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)											
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____ <div style="float: right; width: 50%;"> What is the value of this collateral? <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Does the lender have a perfected security interest in it? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes </div>											
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____ <div style="float: right; width: 50%;"> What is the estimated value? <div style="border: 1px solid black; height: 20px; width: 100%;"></div> </div>											
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: <div style="border: 1px solid black; padding: 2px; text-align: right;">MM / DD / YYYY</div> Location of account: Address: _____ City, State, Zip: _____											
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.											
G. COMMITTEE TREASURER Typed Name Frenkel, Ceresa, M, , Signature _____								DATE <div style="border: 1px solid black; padding: 2px; text-align: right;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px; text-align: right;">04 / 15 / 2019</div>			
H. Attach a signed copy of the loan agreement.											
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.											
AUTHORIZED REPRESENTATIVE Typed Name Baldwin, Justin, , , Signature Baldwin, Justin, , ,						[Electronically Filed]			DATE <div style="border: 1px solid black; padding: 2px; text-align: right;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px; text-align: right;">04 / 15 / 2019</div>		
Title Commercial Banking											